



UNIVERSITY PAIN MEDICINE CENTER

MONTHLY | February 2016

Minimally Invasive Pain Specialists

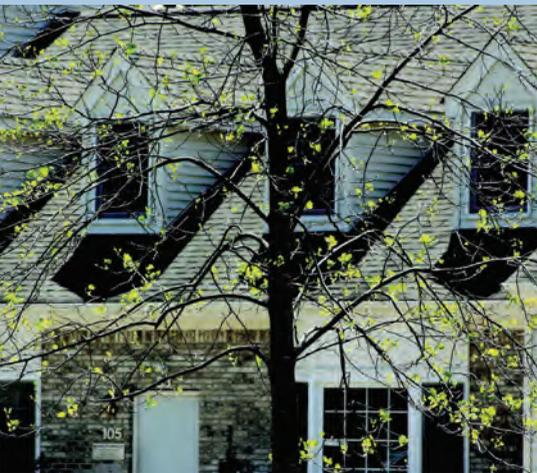
**SAY
GOODBYE
TO PAIN**

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**TAKE ONE
AND FEEL
BETTER!**



University Pain Medicine Center Minimally Invasive Pain Specialists

Our caring and certified physicians are ready to treat your pain condition. We offer the most comprehensive care in New Jersey, as well as the most cutting-edge treatments.

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Dr. Didier Demesmin



At University Pain Medicine Center we take pride in delivering the highest quality in pain management healthcare. We are elated that you chose us to assist you on your journey to optimal health. Our mission is to provide each patient with state of the art care in a compassionate and professional environment. Our healthcare team is dedicated to delivering positive solutions, staying abreast of pertinent research developments in patient care, and of course to offering superb encouragement, kindness and complete support while your pain constantly improves. We treat a wide spectrum of pain management syndromes and ultimately we at University Pain Medicine Center are delighted to furnish individualized therapeutic treatment options for all of our patients. We encourage you to become an active participant in your health and wellness program by engaging in our interactive pain management options. Please visit our website at www.upmcNJ.com and share your success story with us!

From our families to yours,

Dr. Demesmin

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INNOVATIONS IN RESEARCH

Janssen OA Study

If you have tried different pain medications, but are still experiencing chronic pain in your hip and/or knee due to osteoarthritis and you are considering joint replacement surgery, you may be eligible for one of our research studies! We have become engaged in a study that evaluates the safety and effectiveness of an investigational medicine for chronic hip and knee pain.

Egalet Study

Do you suffer from moderate-to-severe pain and feel that your medication regimen has become somewhat

burdensome on your daily lifestyle? Are you frustrated by the short-term relief your pain medication provides? What if we told you that we can help? University Clinical Research Center has adopted a research model that uses specialized manufacturing processes to develop a medication that has controlled-release properties. This highly advanced technology has led us to explore an extended-release medication that has been designed to manage moderate to severe pain for longer periods of time. This medication contains chemical features that have been demonstrated to produce longer effects and reduce dependency. Inquire within to see if this study would benefit you!



WINTER WHITE BEAN SOUP WITH KALE

Enjoy this warm, delicious soup on a cold winter's day. Kale is chock full of anti-inflammatory agents including Magnesium, Folate and Omega-3-Fatty Acids – which can help keep you healthy, ward off colds and flu as well as boost energy.

Ingredients

- 1 Tablespoon of Extra Virgin Olive Oil
- 8 Large Garlic Cloves, minced or crushed
- 1 Medium Yellow Onion, chopped
- 5 Cups Chopped Raw Kale
- 4 cups low-fat, low-sodium Organic Chicken or Vegetable Broth
- 2 (15 ounce) cans of White Beans, such as Navy or Cannellini, (undrained)

- 4 Plum Tomatoes, diced
- 2 Teaspoons Dried Italian Herb Seasoning
- 1 Cup Chopped Parsley
- 1/2 Teaspoon Turmeric
- Salt and Black Pepper to suitable taste

Directions

In a large pot, heat olive oil. Add garlic and onions; Tomatoes until soft. Add in kale and sauté, stirring, until wilted. Add 3 cups of broth, 2 cups of beans, and all of the tomato, herbs, turmeric, salt and pepper. Simmer for 5 minutes. In a blender or food processor, mix the remaining beans and broth until smooth. Stir into soup to thicken. Simmer 15 minutes. Ladle into bowls; sprinkle with chopped parsley.



**WHICH ORAL MEDICINE IS BEST FOR
YOUR DISCOMFORT?**



Everyday millions of Americans turn to both over-the-counter pain medication and prescription medicine for pain relief. Although pain medication is not a “cure” for an injury or most forms of chronic pain – it can provide relief and open a window for other treatments. Patients considering physical therapy, chiropractic care or even some surgical procedures can often take oral medications allowing the conjunctive or additional therapy a chance to be the most effective.

With so many categories and types of medications for back pain, which one is right for you? Depending on the severity of your symptoms, the duration of your symptoms and the location of your pain, coupled with any possible side effects, your doctor can determine which medicine is best for your condition. Let’s take a look at the possibilities and always consult your health care professional prior to trying any pain medication.

Anti-inflammatory Medications

Usually the first medication of choice for most people with back pain, arthritis, strains or sprains, headaches and muscle aches are over-the-counter, non-steroidal anti-inflammatory drug (NSAID), like ibuprofen (Motrin) or naproxen (Aleve). These are mild analgesics and are generally considered the first tier of treatment.

While Tylenol (acetaminophen) is not a non-steroidal anti-inflammatory drug, it is also a common over-the-counter pain reliever used to treat everything from acute aches and pains to headaches and chronic low back pain. Your physician will often recommend an over-the-counter pain reliever at the beginning of pain management regimen.

Though prescription-only NSAIDS, such as celecoxib (Celebrex), diclofenac (Voltaren) are on the milder side of the pain relief spectrum, they still come with certain side effects – especially if you take them at higher doses for a long time. NSAID side effects can include

gastrointestinal problems, ulcers, and kidney damage, while acetaminophen can adversely affect the liver.

Most physicians recommend not using these medications for pain management longer than three months. If you have been using these for longer, see a doctor to ensure you are taking the right medication at the right dosage.

Did you know you can also get your anti-inflammatory medication in the form of a topical cream that can be applied directly to the affected area? These often have the potential for the same side effects as the oral medications, the risk is not the same – because they are not affecting your entire body.

Topical treatments that are frequently used for pain contain ingredients such as capsaicin, camphor, menthol and eucalyptus oil.

Muscle Relaxants

So you have tried over-the-counter pain relievers or prescription NSAIDs and you are still in pain? Muscle relaxants may be helpful for acute injuries (such as straining your back playing baseball, walking or running) and can significantly reduce pain quickly following an injury. They help relieve the muscle spasms that are causing the pain. Doctors also can employ muscle relaxants when your pain causes insomnia.

Some of the medications that are customarily prescribed include:

- Tizanidine (Zanaflex)
- Baclofen (Lioresal)
- Carisoprodol (Soma)
- Cyclobenzaprine (Flexeril)

Most of these medications have similar side effects, with drowsiness being the most common. They are often sedating and therefore should not be taken before operating heavy machinery or driving until you know how they affect you.

Opioids

So, you are still in pain – even after trying NSAIDs and muscle relaxants? People with long-lasting, chronic pain (especially lower back pain), particularly after multiple procedures or surgeries, are sometimes prescribed opioid or narcotic medications. In fact, one study showed that as many as 70% of back pain patients receive opioids, which some experts suggest is probably too many.

Opioids act on pain receptors in the brain and nerve cells to alleviate discomfort. There are mild versions such as Vicodin (acetaminophen and hydrocodone) and Tylenol with codeine – which is what most people begin with – as well as stronger drugs like Morphine.

Most commonly the side effects of these pharmaceuticals often consist of drowsiness, sedation, constipation, allergic reactions (hives and itching), and risk of dependency.

Now there is also a step between taking an NSAID and muscle relaxant and a more classic opioid or narcotic drug. Tramadol (brand names include Rybix, Ryzolt or Ultram) also acts on the opioid receptors in the brain, but is weaker compared to morphine and hydrocodone. Tramadol is not a controlled substance – it is a much milder approach designed for patients who do not want to move on to narcotics.

Narcotics can be necessary in some cases. Patients who have experienced multiple back surgeries often find that their pain is only manageable with morphine. Unfortunately, long-term opioid use may make back pain worse. Research has shown that by using these medications for long periods of time, at high enough doses can change the nervous system so that you actually are more perceptive to pain.

Your physician can closely monitor your usage of narcotics. Always consult him or her if you think you are developing a dependency.

Corticosteroids

So, you are still experiencing pain? Similar to anti-inflammatory drugs, corticosteroids can also relieve inflammation and diminish pain. Steroids are the most powerful anti-inflammatory that physicians have in their arsenal. Often, a short course of oral steroids might even be tried prior to opioids when a patient has had serious pain (specifically lower back pain) for a few weeks without relief from NSAIDs and muscle relaxants. This could calm inflammation down before it becomes chronic.

Corticosteroid medication can also be injected into the space around the nerve roots of the spine or into the facet joints, which are spinal joints that can develop arthritis. The injections deliver strong medication directly to the source of the pain – as locally as possible – and minimizes the side effects of taking a systemic pill.

It is generally considered safe to get about three steroid injections per year. Side effects of excessive steroid use include bone loss, weight gain and damage to the body's ability to process blood sugar.

Anything Else?

Sometimes your physician may prescribe an antidepressant or an anti-seizure drug for your pain. What on Earth would cause you to take an antidepressant or an anti-seizure drug for your pain? Well, they can often be very effective for a specific type of pain – the kind induced by nerve problems. Certain antidepressants, like Duloxetine (Cymbalta is the brand name) and anti-seizure medications like Pregabalin (Lyrica) or Gabapentin (Neurontin) have been shown to be beneficial for nerve symptoms.

If you have a pinched nerve in your back that radiates down your leg, you may be prescribed another class of antidepressants, known as tricyclics. Amitriptyline (Elavil) and Nortriptyline (Pamelor) are the two most commonly prescribed antidepressants used

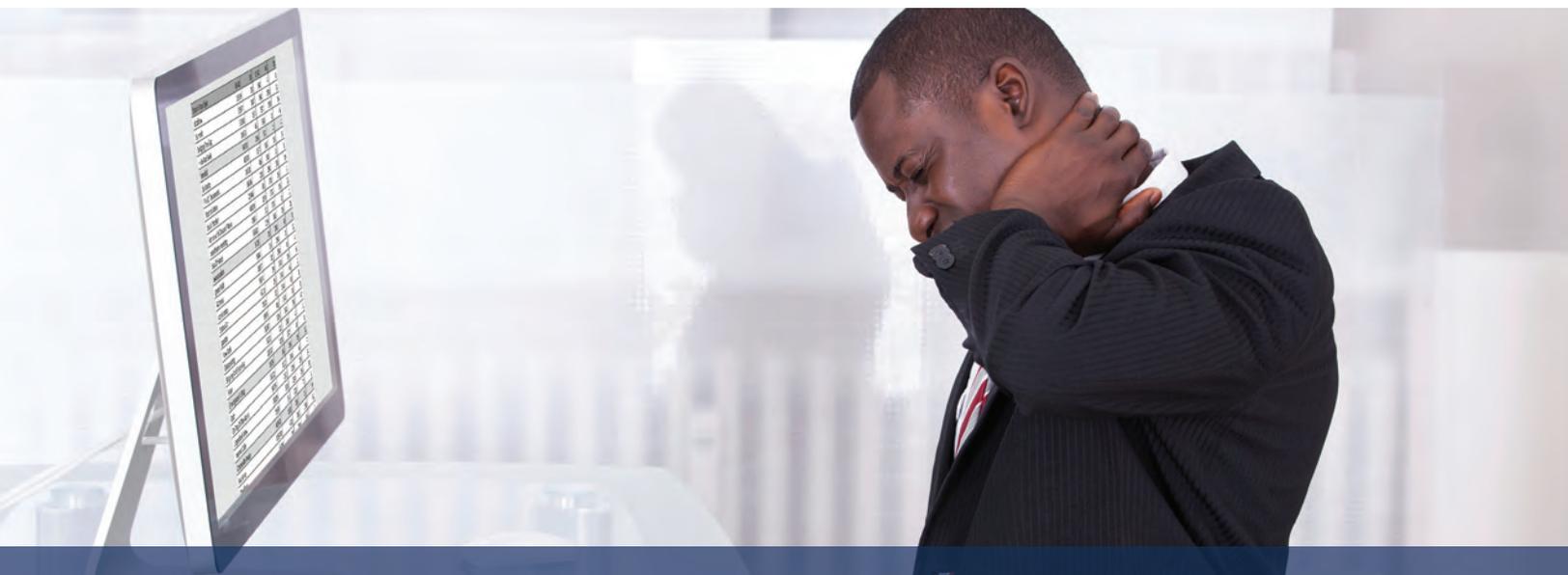


to manage chronic pain – specifically chronic back pain. Either of these medications can be highly effective to quiet the nerve irritation and relieve the burning pain, numbness and tingling that are often involved.

The side effects can often include: headaches, nausea, constipation, diarrhea, insomnia, sexual side effects and fatigue. Less frequently, more serious side effects such as aggression, mood swing, seizures or changes in heart rhythm may occur. Always call your doctor if you experience any side effect.

No matter which medication you select for your back pain, physical therapy, exercise, deep breathing, meditation, massage and alternative therapies should be considered early on – especially prior to just opting for oral pain medication.

All in all, allow your University Pain Medicine Center physician to provide you with the best options to manage your road to living a pain free life!



CHANGE THESE EVERYDAY HABITS AND SAY “GOOD-BYE” TO PAIN!

According to research, low back, neck and shoulder pain are serious enough to send about 60 to 80% of adults in the United States to the doctor every year! Each year 13 million people go to the doctor for chronic back pain. Low back problems affect the spine's flexibility, stability and strength, which can cause pain, hassle and stiffness.

By changing the following everyday habits that cause aches and pains, you can feel better with ease!

No More Smoking Please!

Yes, you have heard it once, hear it again! Smoking cigarettes not only contributes to lung cancer and emphysema, it also leads to back pain and spine problems. Nicotine can restrict the blood flow to the discs that cushion your vertebrae and increase the rate of degenerative change. Cigarette smoking also reduces calcium absorption and prevents new bone growth, leaving smokers with double the risk of an osteoporotic fracture compared with non-smokers.

Don't worry! If you have difficulty quitting cold turkey, there are several safe and effective medications that are available to help you quit smoking. Speak to your University Pain Medicine Center health care team for ideas or referrals on how to quit smoking.

Stop Being a Desk Slave!

Sitting in an office chair for prolonged periods of time can definitely cause low back pain or worsen an existing back problem. The main reason behind this is that sitting, in an office chair or in general, is a static posture that increases stress in the back, shoulders, arms and legs, and in particular, can add large amounts of pressure to the back muscles and spinal discs.

When sitting in an office chair for a long period, the natural tendency for most people is to slouch over or slouch down in the chair, and this posture can overstretch the spinal ligaments and strain the discs or surrounding structures in the spine. Over time, incorrect sitting posture can damage spinal structures and contribute to or worsen back, shoulder and neck discomfort.

Don't worry! Regular stretching – shoulders, hips and hamstrings will increase your flexibility, offering instant relief and preventing back pain. Find small opportunities to stand, take a brief walk or jog in place throughout the day. Walk over to one of your co-worker's desk and chat with them instead of relying on email. Proper office ergonomics is also important. A simple adjustment to your chair height could be the fix you need to end your back pain; and never hunch over a computer. Focus on aligning your head and neck right above your shoulders and avoid straining forward. Ideally, your mouse should be placed right next to your keyboard so you do not overreach or twist your shoulder, arm or wrist while you are clicking!

“Instead of complaining about your circumstances, get busy and create some new ones.” – Ralph Marston

Could it be your driving?

Driving can be an aggravator of shoulder, neck and lower back pain – it can even be the initial cause of your pain. Studies have shown that the average American spends around 100 hours per year just commuting to and from work. Studies further reveal that the average person can spend over 100 minutes driving each day. The primary cause of back pain while driving? Poor posture!

Normally, you do not even think about good posture while driving. The majority of people put their spine in a position that can cause problems, especially since most people are holding this position for over an hour and a half each day!

This is due to the pressure placed on the lumbar curve. The lumbar curve consists of five vertebrae in the lower portion of the back. These vertebrae naturally curve towards the stomach. However, when driving for long periods of time, this curve tends to straighten, which puts excessive pressure on the discs. On top of this pressure, the discs and vertebrae are being forced to endure the

millions of vibrations from the cars suspension being used to the maximum on the roads of today. This can cause back pain, even after getting out of the car!

Don't Worry! Posture, posture, posture! Several drivers adopt a bad posture while driving, leaning into the wheel and stretching their legs to reach the pedals. Try to sit with your bottom totally back in the seat and use the car's built in lumbar support to provide cushion to your lumbar spine. If you do not have a lumbar support, roll up a towel and place it in the curve of your low back. It also helps to get as close to the steering wheel as you can without becoming uncomfortable. Being close prevents you from slouching, and also keeps you from straining to reach the car pedals.

Millions of men drive with their wallet in their back pocket and sit on them at their desk at work. Unfortunately, this is one of the worst things that you can do for your back. Back pain, sciatica, neck and shoulder pain are frequently caused by sitting on a thick and heavy wallet that throws your pelvic balance off triggering chronic pain in your back, hips and shoulders. Remove your wallet prior to making that long commute to begin the pain relief!

Lose the baggage!

Backpacks, large purses, heavy computer bags can cause both shoulder, neck and back pain. Inside of the typical carrying bag, you may find a phone, iPad, wallet or makeup bag, a bottle of water, book or magazine – maybe an extra pair of shoes. They can seem like little things, but they add weight – often up to 10 pounds and carrying all that weight can cause shoulder and neck pain.

Don't Worry! Aim for symmetry. Select a bag that you can wear diagonally across your body rather than a single-strap bag that rests on one shoulder. When carrying any other type of bag, be conscious of changing the sides you use to carry it – redistributing the weight and alleviating pain!



NECK TROUBLE?

Try Radiofrequency Neurotomy!

W

hat is Cervical facet radiofrequency neurotomy?

This technique is useful for those patients who experience short term relief after local anesthetic blocks of the nerves supplying the cervical facet joints. The procedure “turns off” the specific nerve that carries information about pain. The treatment can provide pain relief for about a year, and can last much longer for some patients!

What causes this pain?

Cervical facet joint is susceptible to trauma caused by hyperextension/hyperflexion injuries. This may be termed “facet joint disease” or “facet joint syndrome.” Cervical facet radiofrequency neurotomy is used to “turn off” the specific medial nerve that carries information about facet joint pain. The facet joints are vulnerable to “wear and tear” that can lead to abnormal growths (bone spurs), enlarged joints, and osteoarthritis, a

degenerative form of arthritis.

The cervical area of your spine is located in your neck. Seven small bones (vertebrae) make up the cervical spine. Except for the first two vertebrae, a pair of stabilizing facet joints connects each of the bones in the spine. The opening in the center of each bone forms the spinal canal.

Your spinal cord is located within the protective spinal canal. The spinal cord extends from the brain and is a major part of your nervous system. Spinal nerves extend from the spinal cord and travel out of the spine to exchange nerve signals with your brain about specific parts of your body. In particular, medial nerves carry signals about facet joint pain.

What are the symptoms?

Facet joint disease causes pain in the neck that may spread to the back of the head, your shoulders, upper arms, and rarely the hands. Your neck can have powerful muscle spasms, so strong that the facet joints are moved out of their normal position.

How does Cervical Facet Radiofrequency neurotomy treat neck pain?

Cervical facet radiofrequency neurotomy uses heat to create a lesion (damaged area) on the medial nerve. The lesion impairs the medial nerve's ability to transmit signals about facet joint pain. Because the nerve is "turned off," pain is not felt.

Cervical facet radiofrequency neurotomy is an outpatient procedure. You will wear a gown for the procedure and be positioned lying face down on a table. You will receive relaxation medicine before your procedure begins. The back of your neck will be sterilized and numbed with an anesthetic medication.

Your University Pain Medicine Center Physician may use a live X-ray image (fluoroscopy) to carefully insert and guide a needle-like tube (cannula) to the

affected medial nerve. A small needle-like electrode (radiofrequency electrode) is inserted through the cannula. To ensure the cannula is in the correct position, a very mild electrical current is delivered through the electrode to the nerve. The nerve will briefly conduct pain signals and cause a muscle twitch, confirming that the correct nerve is targeted. Next, numbing medication is provided to the nerve in preparation for the treatment. Heat is delivered through the electrode to the nerve. The heat creates a lesion on the nerve. The heat disrupts the nerve's ability to send signals about pain. At the end of the procedure, the cannula and electrode are removed. The process can be repeated for additional nerves that require treatment.

You will be monitored for several minutes before you can return home. You should have another person drive you home because you received sedation. Use care while resuming your regular activities over the next several days because your neck and/or back will feel sore. Your University Pain Medicine Center doctor may prescribe pain medication, rest, and instruct you to use heat or ice packs to ease the pain.

It often takes three to four weeks for the treated nerves to completely die. During this period, your neck may feel weak. You may also experience pain until the treated nerves are dead.

Cervical facet radiofrequency neurotomy typically results in pain relief for a year or longer. About 50% of people experience pain relief for as much as two years. A tiny percentage of people do not experience any pain relief from the procedure. Over time, the nerves will grow back (regenerate). Some people will not experience pain again. If you experience pain, the procedure may be repeated.

Always consult your health care professional to rely on a course of treatment, diagnosis or for additional information.



NATURAL CURES FOR MIGRAINES

Migraine sufferers don't have it as easy as people who experience an occasional headache. Usually, migraine sufferers have tried a plethora of medications, remedies and treatments – most with no avail. Sometimes the side effects can range from nausea and stomach ulcers to increased risk of stroke and even heart attacks, but up to two-thirds of users have also reported that these medications do not deliver satisfactory results. Thousands of hours have been dedicated to researching migraines – and pinpointing exactly why they strike. Although there is still much to be understood, the physiological changes that occur when a migraine hits have been thoroughly investigated. Scientists now know that when the nerve cells in the brain become overstimulated, they release chemicals

that cause inflammation and swelling in the blood vessels in the neck and brain. The cures listed below work by addressing these issues. Here are seven surprising natural cures for migraines that help both prevent and reduce the frequency and severity of migraine attacks.

Take Heart! There are plenty of options that do work!

1. Exercise

Yes, it is that simple! Exercise has long been recommended to migraine sufferers, and now there's new evidence to support the theory that physical activity appears to prevent migraines. Studies have shown that 40 minutes of aerobic exercise (stationary bike, elliptical, treadmill), is as effective in preventing migraines as some preventive migraine medication.

Furthermore, researchers also found that regular exercise may be an option for migraine sufferers who do not wish to stick to a daily medication regimen!

How does EXERCISE help?

Regular, gentle aerobic exercise helps to reduce tension and ward off stress, a well-known trigger for many migraine sufferers. Exercise also triggers the release of endorphins, which act as a mild sedative – Say AAAHH!

2. B-Vitamins

B-Vitamins facilitate thousands of chemical reactions necessary for life. B-Vitamins also help reduce stress, keep kidneys functioning optimally and give your brain boosts when needed! Riboflavin (vitamin B2), is found in certain foods and supplements. It helps protect cells from oxidative damage and is involved in energy production. Riboflavin is most effective in preventing migraines. Patients who take 400 mg of riboflavin daily for three months experienced a 50 percent or greater reduction in migraine occurrence.

Best food sources of Vitamin B2 (Riboflavin): Liver, lean beef, lamb, venison, whole grains, tempeh, yogurt, low-fat milk, eggs, almonds, asparagus, brussels sprouts, broccoli, and spinach.

3. Magnesium

Because our bodies cannot make magnesium, we must rely on dietary and/or supplement sources to get it – and magnesium deficiency has been directly linked to migraines in a number of major studies. Some estimates say that as many as 75% of adults in the U.S. may be deficient in magnesium.

Magnesium helps relax the nerves and muscles – it also helps prevent nerves from becoming overexcited during nerve transmission.

Experts recommend anywhere from 200 mg to 1,000 mg daily for migraine prevention – based on the

severity and frequency of your migraine headaches. If you take magnesium supplements – it is best to take magnesium citrate – as it is optimal for absorption.

Best food sources of Magnesium: Pumpkin seeds, spinach, swiss chard, wild Alaskan salmon, halibut, sunflower seeds, sesame seeds, flaxseeds, amaranth, quinoa, soy beans and black beans.

4. Feverfew

Feverfew is a bushy, aromatic herb plant related to daisies and widely used by herbalists and practitioners of Traditional Chinese Medicine (TCM) for preventing migraines and other types of headaches. Feverfew helps alleviate the throbbing pain associated with migraines by reducing inflammation, especially in the blood vessels in the brain. It also has minimal side effects. It can help quell vomiting and nausea in migraine sufferers who have those symptoms.

A minimum of 250 mg twice daily for two weeks of Feverfew may be beneficial for both the pain, nausea and light-sensitivity associated with migraine headaches.

Be certain to talk to your physician or other qualified health care practitioner prior to taking feverfew. Do not take it if you are pregnant or planning to get pregnant.

5. Coenzyme Q10 (CoQ10)

Coenzyme Q10 is an antioxidant nutrient that is especially important in the health of blood vessels. Our bodies can make CoQ10, and we can also get it from dietary and supplement sources. CoQ10 increases blood flow to the brain, improves circulation, and protects cells from oxidative damage. It also helps stabilize blood sugar; low blood sugar is a major trigger for many migraine sufferers.

Best food sources of CoQ10: fish, organ meats (especially liver, kidney and heart) as well as whole grains.



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University Pain Medicine Center is a leading pain management facility in central New Jersey. We treat all chronic and acute pain conditions with the most innovative treatments available. We believe in finding the right diagnosis and treatments for your pain conditions.

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